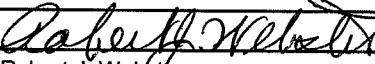


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Fee Transmittal For FY 2009 | | Complete if Known | |
| | | Application Number | 10/530,290-Conf. #3643 |
| | | Filing Date | June 14, 2005 |
| | | First Named Inventor | Thomas L. HASCHEN |
| | | Examiner Name | K. J. Bekker |
| | | Art Unit | 1794 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | |
| TOTAL AMOUNT OF PAYMENT | | (\$ 180.00) | |

| | | | | | |
|--|--|--|--|--|--|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | <input checked="" type="checkbox"/> Credit any overpayments | | |

| | | | | | | | |
|---|---|---|--------------------------------------|----------------------------------|-------------------------|---------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | |
| Multiple dependent claims | | | | | | | |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | |
| 38 | - 47 or HP | x | = | Fee (\$) | Fee Paid (\$) | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| 10 | - 14 or HP | x | = | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| - 100 = | /50 = | (round up to a whole number) x | = | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u> <u>180.00</u> | | | | | | | |
| SUBMITTED BY | | | | | | | |
| Signature |  | | Registration No. (Attorney/Agent) | 46,472 | Telephone | (703) 205-8000 | |
| Name (Print/Type) | Robert J. Webster | | | | Date | <u>AUG 12 2009</u> | |